

<i>SERFF Tracking Number:</i>	<i>CAKN-127865659</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Catholic Financial Life</i>	<i>State Tracking Number:</i>	<i>50395</i>
<i>Company Tracking Number:</i>	<i>CNO 136</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Conversion Application</i>		
<i>Project Name/Number:</i>	<i>Revised conversion application/CNO-136</i>		

Filing at a Glance

Company: Catholic Financial Life	SERFF Tr Num: CAKN-127865659	State: Arkansas
Product Name: Conversion Application	SERFF Status: Closed-Approved-	State Tr Num: 50395
TOI: L08 Life - Other	Closed	
Sub-TOI: L08.000 Life - Other	Co Tr Num: CNO 136	State Status: Approved-Closed
Filing Type: Form	Author: Donna Peterson	Reviewer(s): Linda Bird
	Date Submitted: 12/05/2011	Disposition Date: 12/09/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Revised conversion application	Status of Filing in Domicile: Authorized
Project Number: CNO-136	Date Approved in Domicile: 12/02/2011
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 12/09/2011
	State Status Changed: 12/09/2011
Deemer Date:	Created By: Donna Peterson
Submitted By: Donna Peterson	Corresponding Filing Tracking Number:
Filing Description:	

I am filing a revised conversion application. This new application form will replace from 2011 CONV APP approved by AR 4/13/2011 (SERFF no: CAKN-127115281 state filing number 48445).

Changes were made for clarification for our field force. Here are the changes from the previously filed form:

- 1) We deleted the word "change" from the application title (form will only be used for conversions - not additional changes)
- 2) We reformatted the form in a similar style of other approved applications (including removing color)
- 3) We eliminated the plan names in section A and moved the premium class up (we know what plan is being converted by contract number and this eliminated redundancy)
- 4) In section C we added a line for partial conversions

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5) We expanded the 'convert to' list in section C

6) We eliminated UL Life changes that was in Section D and re-lettered the remaining sections

7) We changed the form number to 2011 CONV APP (Rev 11/11)

The only change on page 2 was the style and layout. There were no substantial changes on that page.

Company and Contact

Filing Contact Information

Donna Peterson,
1100 W Wells Street
Milwaukee, WI 53233
donna.peterson@catholicfinanciallife.org
414-278-6509 [Phone]

Filing Company Information

Catholic Financial Life
1100 West Wells Street
Milwaukee, WI 53233
(414) 273-6266 ext. 6509[Phone]

CoCode: 56030
Group Code:
Group Name:
FEIN Number: 39-0201015
State of Domicile: Wisconsin
Company Type: Fraternal
State ID Number: 2796

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: one form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catholic Financial Life	\$50.00	12/05/2011	54249726

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/09/2011	12/09/2011

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Disposition

Disposition Date: 12/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Conversion Application		Yes

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Form Schedule

Lead Form Number: 2011 CONV APP (Rev 11/11)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2011	Application/ Conversion	Initial		50.800	2011 CONV
		CONV APP Enrollment Application				APP (REV
		(Rev 11/11)Form				11-11).pdf



Conversion Application for Individual Life Insurance:

Catholic Financial Life
1100 West Wells Street
Milwaukee, Wisconsin 53233
(800) 927-2547

The amount of any conversion cannot exceed the amount guaranteed by the original contract. The underwriting classification for this conversion is the same as the original contract.

If additional benefits or classification changes are desired then the standard Application for Membership and Insurance must be completed. (Please Print)

A. Converted Contract No. _____ Contract/Rider Name _____	
Current Premium Class: <input type="checkbox"/> Select Plus <input type="checkbox"/> Select <input type="checkbox"/> Non Tobacco <input type="checkbox"/> Select Tobacco <input type="checkbox"/> Tobacco	
B. INSURED/OWNER	
Insured: _____ First Middle Initial Last	
<input type="checkbox"/> Male <input type="checkbox"/> Female SS/ITIN No. _____ DOB _____ Age _____	
Address _____ Street City State Zip	
Home Phone _____ Work/Cell Phone _____ Email _____	
Owner: (must complete if Owner is not the Insured) _____ First Middle Initial Last	
Relationship to Insured _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female SS/ITIN No. _____ DOB _____ Age _____	
Address _____ Street City State Zip	
Home Phone _____ Work/Cell Phone _____ Email _____	
Successor Owner: (Optional) _____ First Middle Initial Last	
Relationship to Insured _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female SS/ITIN No. _____ DOB _____ Age _____	
Address _____ Street City State Zip	
Home Phone _____ Work/Cell Phone _____ Email _____	
C. CONTRACT AND RIDER CONVERSIONS	
Amount of Insurance being converted: \$ _____	
If a partial conversion: <input type="checkbox"/> Keep remaining coverage <input type="checkbox"/> Cancel any remaining coverage	
Convert to: <input type="checkbox"/> Whole Life <input type="checkbox"/> 20-Pay Whole Life <input type="checkbox"/> Value Life <input type="checkbox"/> SPWL <input type="checkbox"/> Lifetime UL <input type="checkbox"/> Limited Pay UL <input type="checkbox"/> Ultimate Flex UL <input type="checkbox"/> Layer onto current permanent plan _____ (conversion or guaranteed option)	
Does the converted contract include a Waiver of Premium Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you want to continue the Waiver Rider with the new Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, is the insured now disabled as <i>defined in the Waiver Rider</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete a standard application)	
D. PREMIUM INFORMATION	
Premium: <input type="checkbox"/> Annual Premium \$ _____ <input type="checkbox"/> Single Premium \$ _____	
Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly EFT _____ (day) <input type="checkbox"/> Utilize current monthly EFT	
Participation credits used to reduce premium: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dividend Option: <input type="checkbox"/> Cash <input type="checkbox"/> Paid Up Life Additions <input type="checkbox"/> Interest <input type="checkbox"/> Reduced Premium	
Automatic Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(UL only) Option: <input type="checkbox"/> #1 Level <input type="checkbox"/> #2 Increasing New planned premium for mode \$ _____	

E. BENEFICIARY (List additional beneficiaries on a separate sheet of paper)

☐ Individual ☐ Estate ☐ Trust ☐ Gift to Parish or Other Charity

Primary: Full Name _____

Relationship _____

SS/ITTN ID No. _____

Contingent: Full Name _____

Relationship _____

SS/ITTN ID No. _____

Parish/Charity: Name _____ Amount or Percent _____

☐ Custodian for minors: Name _____ DOB _____ SS/ITTN ID No. _____

☐ The share of any beneficiary who does not survive shall be paid in equal shares to the beneficiary's surviving children.

AGREEMENT: I CERTIFY THAT I HAVE REVIEWED AND UNDERSTAND my insurance conversion options under my current plan. Information in this enrollment form is given to obtain permanent insurance and is true and complete to the best of my knowledge and belief and correctly recorded. The contract issued here upon shall not take effect unless the first premium is paid during my lifetime upon or before the delivery of the policy.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Dated at _____ on _____
City State Month Day Year

Signature of Insured _____

Signature of Parent/Guardian for Minor _____

Signature of Advisor _____

Signature of Owner (if other than insured) _____

Advisor Number _____

Electronic Funds Transfer Plan Authorization for Premium Withdrawal

I/We hereby request and authorize CATHOLIC FINANCIAL LIFE, Milwaukee, Wisconsin, **to draw funds** under the Electronic Funds Transfer Plan to pay the premiums on the certificate resulting from this conversion. The funds should be drawn from the following account*:

Name as it appears on Bank Account: _____

at _____ of _____
Name of Financial Institution City and State

Account Number: _____ ☐ Checking ☐ Savings
Routing Number (first 9 digits on bottom of check) _____

Date _____ Signature of Premium Payer _____ If Joint Account, Other Signature _____

Subject to the following conditions:

1. The draw day may differ from the contract's effective day.
2. The privilege of paying premiums under this Plan may be revoked by Catholic Financial Life if any transfer is not paid upon presentation.
3. This Plan shall not be construed as a modification of any of the provisions of the certificates, except that during the continuance of this Plan, Catholic Financial Life shall not be required to give notice of premiums becoming due on any of the policies issued to the undersigned.
4. The payment of premiums under this Plan may be discontinued by Catholic Financial Life, or the undersigned upon seven (7) days' written notice.

IMPORTANT: Attach a voided blank check or deposit slip.

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
Flesch Conv app non Compact.pdf		

	Item Status:	Status
		Date:
Satisfied - Item:	Application	
Comments:		
This is the AK approved application that is being replaced.		
Attachment:		
APP non cmpt fld vrsn.pdf		



READABILITY CERTIFICATION

This is to certify that the form referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of the Policy Language Simplification Act.

Form Number	Score
2011 CONV APP (Rev 11/11)	50.8

A handwritten signature in blue ink, reading "Daniel H. Strasburg", is positioned above a horizontal line.

Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary

December 5, 2011



Conversion/Change Application for Individual Life Insurance
CATHOLIC FINANCIAL LIFE
1100 W Wells St, Milwaukee WI 53233
800 927-2547

The amount of any conversion cannot exceed the amount guaranteed by the original contract. The underwriting classification for this conversion is the same as the original contract.

If additional benefits or classification changes are desired the standard Application for Membership and Insurance must be completed.

A. Converted Contract No. _____ Contract/Rider Name _____

Conversion/change from (check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Term | <input type="checkbox"/> Juvenile Term | <input type="checkbox"/> Universal Life |
| <input type="checkbox"/> Guaranteed Insurability Option Rider | <input type="checkbox"/> Juvenile Purchase Option Rider | |
| <input type="checkbox"/> Primary Insured 20 Yr Convertible Term Rider | <input type="checkbox"/> Secondary Insured 20 Yr Convertible Term Rider | |

B. Insured/Owner

Insured: _____

First Middle Initial Last
☐ Male ☐ Female SS/ITIN No. _____ DOB: _____ Age _____

Address: _____
Street City State Zip

Home phone: _____ Work/cell phone: _____ Email: _____

Owner: (must complete if Owner is not the Insured) _____
First Middle Initial Last

Relationship to Insured _____
☐ Male ☐ Female SS/ITIN No. _____ DOB: _____

Address: _____
Street City State Zip

Home phone: _____ Work/cell phone: _____ Email: _____

Successor Owner (Optional): _____
First Middle Initial Last

☐ Male ☐ Female SS/ITIN No. _____ DOB: _____

Address: _____
Street City State Zip

C. Contract and Rider conversions

Amount of Insurance being converted: \$ _____

Convert to: ☐ Whole Life ☐ SPWL ☐ Universal Life
Does the converted contract include a Waiver of Premium Rider ☐ Yes ☐ No
Do you want to continue the Waiver Rider with the new Contract ☐ Yes ☐ No
If Yes: Is insured now disabled (as defined in Rider) ☐ Yes ☐ No

(If Yes, complete a standard application)

Current Premium Class: ☐ Select Plus ☐ Select ☐ Non Tobacco ☐ Select Tobacco ☐ Tobacco

D. Universal Life Change (use standard application for increases)

Decrease in Face Amount ☐ No ☐ Yes Amount _____
Change Death Benefit Option ☐ No ☐ Yes from Option _____ to Option _____

E. Premium Information

☐ Annual Premium \$ _____ ☐ Single Premium \$ _____

Participation credits: ☐ Yes ☐ No

Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly EFT _____ (day)

Dividend Option: ☐ Cash ☐ Paid Up Life Additions ☐ Interest ☐ Reduced Premium

Automatic Loan ☐ Yes ☐ No

(UL only) Option ☐ #1 Level ☐ #2 Increasing UL planned premium \$ _____

F. Beneficiary: Subject to the certificate beneficiary provisions. The Owner may revoke and change any beneficiary not designated irrevocable.

☐ **INDIVIDUAL**

Primary: Full Name _____

☐ **ESTATE**

Relationship _____

☐ **TRUST**

☐ **GIFT to PARISH or OTHER CHARITY**

SS/ITIN ID No. _____

Contingent: Primary: Full Name _____

Relationship _____

SS/ITIN ID No. _____

Parish/Charity Name _____ Amount or Percent _____

☐ Custodian for minors: Name _____ DOB _____ SS/ITIN/TAX No _____

☐ The share of any beneficiary who does not survive shall be paid in equal shares to the beneficiary's surviving children

AGREEMENT: I CERTIFY THAT I HAVE REVIEWED AND UNDERSTAND my insurance conversion/change options under my current plan. Information in this application is given to obtain permanent insurance and is true and complete to the best of my knowledge and belief and correctly recorded. The contract issued here upon shall not take effect unless the first premium is paid during my lifetime upon or before the delivery of the policy.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Dated at _____ on _____
City State Month Day Year

Signature of Insured _____

Signature of Parent/Guardian for Minor _____

Printed Signature _____

Signature of Owner (if other than insured) _____

Electronic Funds Transfer Plan Authorization for Premium Withdrawal

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Name as it appears on Bank Account: _____

at _____ of _____
Name of Financial Institution City and State

Account Number: _____ ☐ Checking ☐ Savings
Routing Number (first 9 digits on bottom of check)

Date _____ Signature of Premium Payer _____ If joint account, other signature. _____

Subject to the following conditions:

1. The draw day may differ from the contract's effective day.
2. The privilege of paying premiums under this Plan may be revoked by Catholic Financial Life if any transfer is not paid upon presentation.
3. This Plan shall not be construed as a modification of any of the provisions of the certificates, except that during the continuance of this Plan, Catholic Financial Life shall not be required to give notice of premiums becoming due on any of the policies issued to the undersigned.
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